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## BIB DATA SHEET

CONFIRMATION NO. 1061

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
10/524,956	12/15/2005	514	1624	LeA 36 231	
<b>APPLICANTS</b> Martin Hendrix, Odenthal, GERMANY; Frank-Gerhard Boss, Berkshire, UNITED KINGDOM; Nils Burkhard, Velbert, GERMANY; Christina Erb, Kriftel, GERMANY; Adrian Tersteegen, Velbert, GERMANY; Marja Van Kampen, Dusseldorf, GERMANY;					
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP03/08979 08/13/2003					
<b>** FOREIGN APPLICATIONS *****</b> GERMANY 102 38 724.9 08/23/2002					
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b>					
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/SUSANNA MOORE/</u> <small>Examiner's signature</small>	<input type="checkbox"/> Met after Allowance <small>Initials</small>	<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWINGS</b> 0	<b>TOTAL CLAIMS</b> 11	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> Bayer Health Care LLC 400 Morgan Lane West Haven, CT 06516 UNITED STATES					
<b>TITLE</b> Alkyl-substituted pyrazolopyrimidines					
<b>FILING FEE RECEIVED</b> 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		